

CLAIMS ONLY

Application Number

00/677940

" Filing " Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend	Indep.	Depend	Indep.	Depend
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50						
Total Indep.						
Total Depend.						
Total Claims						

* May be used for additional claims or amendments						
	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep.						
Total Depend.						
Total Claims						